

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Peng Cho Tang, et al.  
 Application. No.: 09/191,199  
 Filing Date: 11/12/98  
 Examiner: B. Coleman  
 Art Unit: 1624  
 Title: AZAINDOLE TYROSINE KINASE INHIBITORS (as amended)

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**SECOND PRELIMINARY AMENDMENT**  
**TRANSMITTAL LETTER**

Commissioner for Patents  
 Box PATENT APPLICATION  
 Washington, D.C. 20231

Sir:

Transmitted herewith is a Second Preliminary Amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ Small Entity statement is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	46	45	= 1	x \$18.00	= \$18.00
Independents:	4	4	=	x \$80.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+	\$270.00	= \$0.00
CLAIMS FEE TOTAL:					= \$18.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of one month checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$18.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$ . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$18.00 is enclosed

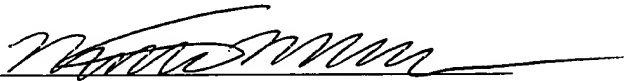
☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 1/18/01

By



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Matthew E. Mulkeen  
 Registration No. 44,250